



## St. Lucie County Parks & Recreation Department Program Registration Form

Fenn Center: Phone (772) 462-1521 – Fax (772) 462-1128  
Sports & Athletics: Phone (772) 462-1522 – Fax (772) 462-2377  
Lincoln Park Comm. Ctr. (772) 462-1788 – Fax (772) 462-1999  
Aquatics Dept. (772) 871-2183 – Fax (772) 462-1128

[www.stlucieco.gov](http://www.stlucieco.gov)

Program	Program Code #	Start Date	Time	Cost

(Please Print)

Participant's Name \_\_\_\_\_ ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Copy of Birth Certificate attached \_\_\_\_\_ or, on file w/St. Lucie County \_\_\_\_\_

Medical conditions/or special support needs: \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Number \_\_\_\_\_

<b>FOR FAX REGISTRATION ONLY:</b>	Visa _____ MC _____ Discover _____	Credit Card No. _____  3-Digit Security Code _____ Expiration Date _____
X _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Printed Name on Card</span> <span>Signature</span> <span>Date</span> </div>		

I would like to be a: ☐ Head Coach ☐ Assistant Coach ☐ Sponsor ☐ Volunteer

### WAIVER – Please Read Carefully Before Signing

In consideration of the opportunity afforded to the undersigned to participate in the St. Lucie County Department of Parks & Recreation recreational activity, hereafter described, the undersigned hereby and voluntarily waives any right or cause of action against St. Lucie County, its officers, agents and employees arising out of any claim whatsoever as a result of any injuries to body, life, limb or property arising from participation in the described activity. The undersigned participant shall indemnify and hold harmless St. Lucie County, its officers, agents, and employees from and against all judgments, orders, decrees, attorney's fees, costs, expenses and liabilities arising from or out of such claim, investigation or defense thereof.

St. Lucie County has my permission to use/take a photograph of my child for the use of publicity of the above program without compensation. I hereby waive any claim that may arise by the use/taking of my child's photograph.

My signature below indicates that I have read and understand the waiver and that I have been provide with a copy of the rules and regulations set forth by the St. Lucie County Department of Parks and Recreation. I have read and thoroughly understand them and agree to explain them to the children in my care who are involved in the programs offered. **I understand that should I wish a refund a 5% or a minimum of \$10 whichever is greater administrative fee shall be deducted from refund.**

X \_\_\_\_\_  

Printed Name
Signature

### For Office Use Only

Registration Fee \$ \_\_\_\_\_  
by \_\_\_\_\_

Parks & Recreation  
Check # \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MC/Discover \_\_\_\_\_ Staff Received

